

CITY COUNCIL REPORT



Meeting Date: January 6, 2015
General Plan Element: *Land Use*
General Plan Goal: *Support a diversity of businesses*

ACTION

Restaurant Liquor License Request for Twisted Root #1 121-LL-2014. To consider forwarding a recommendation of approval to the Arizona Department of Liquor Licenses and Control for a Series 12 (restaurant) State liquor license for an existing location and new owner.

OWNER

Twisted Root #1, LLC

APPLICANT CONTACT

Christopher Collins

LOCATION

8220 N Hayden Rd C112

BACKGROUND

This request is for a Series 12 (restaurant) liquor license. This has been a licensed location since 2000, most recently operating with liquor as Spotted Donkey.

The zoning for this site is Central Business District Planned Community District (C-2 PCD), which allows restaurants as a permitted use. This establishment is 7,763 sq. ft. including an existing 1,800 sq. ft. patio.

APPLICANT'S PROPOSAL

The applicant is seeking a favorable recommendation on a Series 12 (restaurant) liquor license. This allows the holder of a restaurant license to sell and serve spirituous liquor solely for consumption on the premises of an establishment which derives at least forty percent (40%) of its total revenue

Action Taken _____

from the sale of food. The applicant has indicated that this establishment will serve liquor between the hours of 11:00 a.m. to 11:00 p.m.; however, due to State liquor license processing requirements, they are not required to notify the City or the State if they change their hours of operation.

PETITIONS FROM PERSONS IN CLOSE PROXIMITY

The applicant has maintained the required posting notice for the State mandated 20-day period. No petitions or protests pursuant to A.R.S. 4-201.b. were received during the 20 (twenty) day posting period.

IMPACT ANALYSIS

Current Planning Department.

There will not be any significant changes to the floor plan.

A.R.S. Section 4-112.B.1 R19-1-310 Criteria for Restaurant Operations.

This owner intends to continue operating this location as a restaurant. Staff has assessed the applicant's responses to the State's Restaurant Operation Plan categories: Personnel, Equipment, Menu, Live Entertainment, Bar Games/Televisions, Name of Establishment, Bar Seating Area and Dinnerware. Staff finds that the establishment is designed and intended to operate as a restaurant. The bar service area is 362 sq. ft. (6%) of gross floor area, and the kitchen area is 2,031 sq. ft. (34%) of the gross floor area. The operational characteristics and floor plan qualify as a restaurant.

Public Safety Division.

Police Department: Recommendation No Opposition

Major life safety issues: None noted.

Code Enforcement: There are no current cases of code violations at this time relevant to the liquor license.

STATE GUIDELINES FOR CONSIDERING AN APPLICATION

A.R.S. Section 4-203.A Granting a License for a New Owner for a Certain Location.

A spirituous liquor license shall be issued only after satisfactory showing of the capability, qualifications and reliability of the applicant.

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

The City Council has the option of recommending approval, denial or no recommendation to the Arizona Department of Liquor Licenses and Control.

Staff Recommendation

The City of Scottsdale staff has conducted a review and advises that the license request meets the

criteria imposed for determining the capability, qualifications and reliability of the applicant.

Next Steps

The City Council's recommendation of approval, denial or no recommendation will be forwarded to the Department of Liquor Licenses and Control for their consideration. If the application is approved by the Department of Liquor Licenses and Control, the applicant should receive their license from the State within 105 days of original application.


RESPONSIBLE DEPARTMENT(S)

Teri Gleason, Planning Assistant, tgleason@scottsdaleaz.gov
Planning and Development Services

James Wasson, Lieutenant, Special Assignment, jwasson@scottsdaleaz.gov
Public Safety Division

Raun Keagy, Neighborhood Planning Director, rkeagy@scottsdaleaz.gov
Planning and Development Services

APPROVED BY



Tim Curtis, AICP, Current Planning Director
480-312-4210, tcurtis@scottsdaleaz.gov

12/8/2014

Date



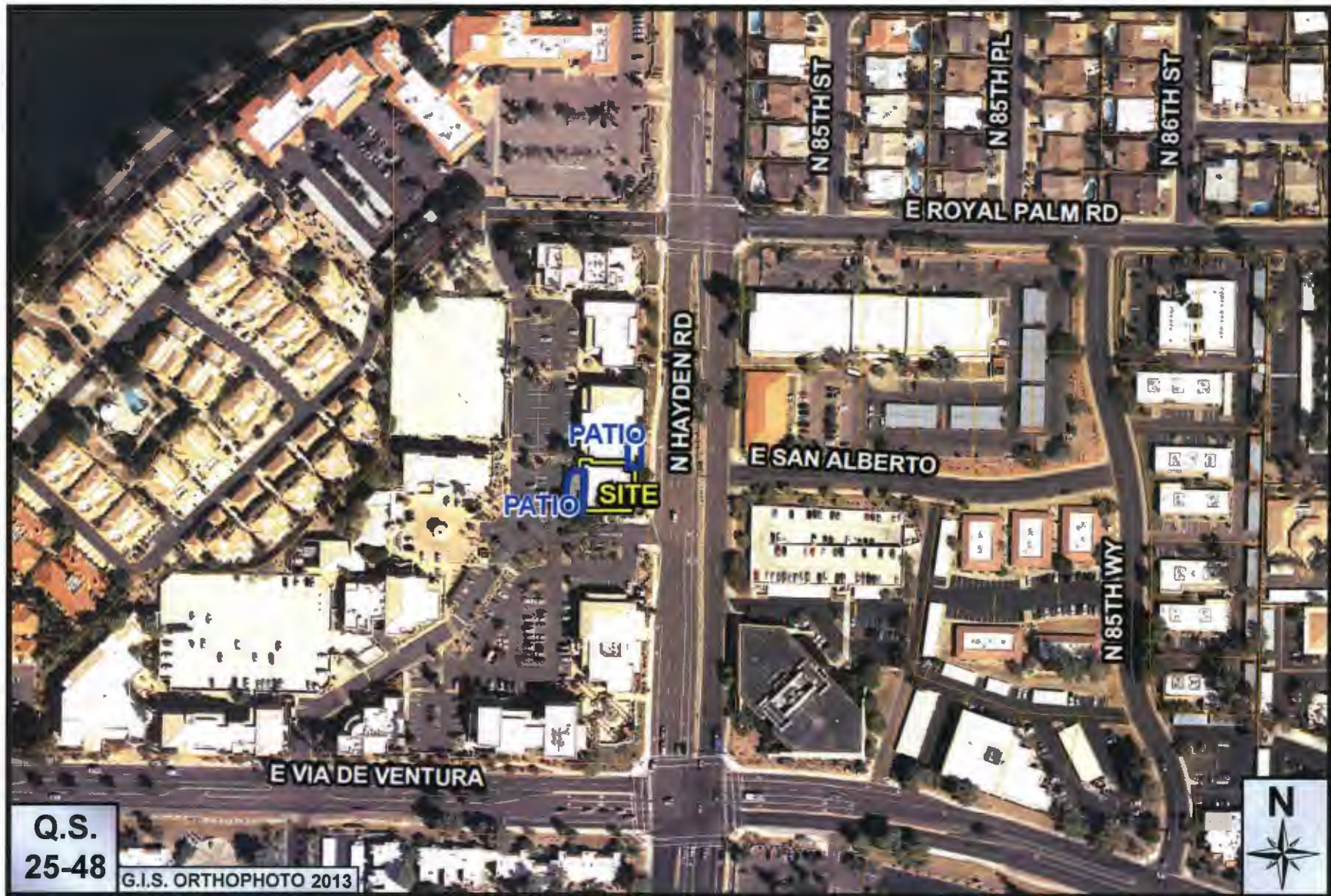
Randy Grant, Director
Planning and Development Services
480-312-2664, rgrant@scottsdaleaz.gov

12/11/14

Date

ATTACHMENTS

- #1: Aerial Map
- #2: Close-up Aerial Map
- #3: City of Scottsdale Applicant Questionnaire
- #4: State Application



Q.S.
25-48

G.I.S. ORTHOPHOTO 2013

121-LL-2014

Twisted Root #1

ATTACHMENT #1



ATTACHMENT #2



Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days.

Name of Business: Twisted Root #1, LLC

Business Address: 8220 N Hayden Rd

Total Gross Square Footage of Establishment: 5900

Was liquor sold at this location prior to this application? ☒ Yes ☐ No

If yes, what type of license? 12

Is this business currently open? ☐ Yes ☒ No

If yes, is this business operating with an Interim license? ☐ Yes ☐ No

If no, what is the proposed opening date? January 15, 2015

Is this business under construction or being remodeled? ☒ Yes ☐ No

Does this business have an existing patio? ☒ Yes ☐ No Dimensions of patio 1500 sq ft

Does this business have a proposed patio? ☐ Yes ☐ No Dimensions of patio _____

For Restaurants, Bars and Restaurants/Bars:

Will the bar service area be in excess of 15% of the gross floor area? ☐ Yes* ☒ No

Gross square footage of bar service area: _____

(includes the floor area under indoor and outdoor bars and the floor area behind the bars used for storage, prep and serving of food or drinks)

Will the kitchen be less than 15% of the gross floor area? ☐ Yes* ☒ No

Gross square footage of kitchen: _____

(do not include refrigerators or areas used for storage of food or beverages)

During what hours will the establishment provide full kitchen service? 9AM-10PM

During what hours will the establishment offer liquor sales? 11AM-11PM

Will age verification be required/requested for admittance at any time during business operations? ☐ Yes* ☒ No

Is a cover charge required for admittance at any time during business operations? ☐ Yes* ☒ No

Will less than 40% of gross revenues be derived from the sale of prepared food? ☐ Yes* ☒ No

*May require a Conditional Use Permit

Please check one of the following that best describes the primary business operation:

☐ packaged retail ☒ restaurant ☐ bar ☐ personal service ☐ education service

☐ manufacturing ☐ hotel / tourist accommodation ☐ residential facility ☐ sports / theater

Planning and Development Services

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone: 480-312-7000 • Fax: 480-312-7088



Liquor License Questionnaire

Restaurants & Bars (Series 11, 12, 6, 3, 7, 13)

Please complete all questions and return within 3 business days.

Will this business feature any of the following:

Patron Dancing?
Live Bands?
Amplified music?
Adult Entertainment?
After hours?

☐ Yes* ☒ No
☐ Yes* ☒ No
☐ Yes* ☒ No
☐ Yes* ☒ No
☐ Yes* ☒ No

Karaoke?
DJ?
Games?
Four or more pool tables?

☐ Yes* ☒ No
☐ Yes* ☒ No
☐ Yes* ☒ No
☐ Yes* ☒ No

*May require a Conditional Use Permit

Applicant Narrative:

ARS 4-201-G: In all proceedings before the governing body of a city or town, the Board of Supervisors of a County or the Board, the applicant bears the burden of showing that the public convenience requires and that the best interest of the community will be substantially served by the issuance of this license.

1. I have the capability, qualifications and reliability to hold a liquor license because:
I currently hold 2 other liquor licenses for restaurants currently operating in the neighborhood.

2. The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because:

Successful operations of businesses in the community help create jobs and give the neighborhood an identity.

3. Please describe your business:

full service restaurant

The City's forwarding of a recommendation to the AZ Department of Liquor Licenses and Control does not waive and is not a substitute for the Licensee's obligation to comply with all state, local and federal laws, policies and regulations applicable to the license. The Recommendation is not a permit or regulatory approval to hold any events or construct or demolish any improvements. Zoning processes, building permit processes, and similar regulatory requirements may apply to Licensee's contemplated improvements and are completely separate from the Recommendation. Licensee shall be responsible to, separate and apart from this Recommendation, directly obtain all necessary permits and approvals from any and all governmental or other entities including the City's having standing or jurisdiction over the subject areas. For more information regarding zoning processes, building permit processes, and similar regulatory requirements and approvals please call 480-312-2611.

Print Name: Christopher Collins Signature: CRC Date: 11-22-14

Submit

Planning and Development Services

7447 E. Indian School Road, Suite 105, Scottsdale, AZ 85251 • Phone: 480-312-7000 • Fax: 480-312-7088

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

APPLICATION FOR LIQUOR LICENSE
TYPE OR PRINT WITH BLACK INK

121-LL-2014

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
☐ INTERIM PERMIT *Complete Section 5*
☒ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*
☐ INDIVIDUAL *Complete Section 6*
☐ PARTNERSHIP *Complete Section 6*
☐ CORPORATION *Complete Section 7*
☐ LIMITED LIABILITY CO. *Complete Section 7*
☐ CLUB *Complete Section 8*
☐ GOVERNMENT *Complete Section 10*
☐ TRUST *Complete Section 6*
☐ OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s): 1207A087

1. Type of License(s): Restaurant

2. Total fees attached:

\$ 172⁰⁰ Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: ☒ Mr. Collins, Christopher Patrick
(Insert one name ONLY to appear on license) Last First Middle
2. Corp./Partnership/L.L.C.: Twisted Root #1, LLC 81053384
(Exactly as it appears on Articles of Inc. or Articles of Org.)
3. Business Name: Twisted Root #1 81016027
(Exactly as it appears on the exterior of premises)
4. Principal Street Location: 8220 N Hayden Rd C112 Scottsdale Maricopa 85258
(Do not use PO Box Number) City County Zip
5. Business Phone: 602-321-9758 Daytime Phone: 602-321-9758 Email: TwistedRootAZ@gmail.com
6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO
7. Mailing Address: 8390 E Via De Ventura F110-208 Scottsdale, AZ 85258
City State Zip
8. Price paid for license only bar, beer and wine, or liquor store: Type _____ \$ _____ Type _____ \$ _____

DEPARTMENT USE ONLY

Fees: 100⁰⁰ 50⁰⁰ 22⁰⁰ \$ 172⁰⁰
Application Interim Permit Site Inspection Finger Prints
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: SG Date: 11/6/14 Lic. # 1207A087

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. § 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. _____
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of _____ County of _____

X _____
(Signature)

The foregoing instrument was acknowledged before me this

My commission expires on: _____

_____ day of _____
Day Month Year

(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

| Last | First | Middle | % Owned | Mailing Address | City State Zip |
|------|-------|--------|---------|-----------------|----------------|
| | | | | | |

Partnership Name: (Only the first partner listed will appear on license) _____

| General-Limited | Last | First | Middle | % Owned | Mailing Address | City State Zip |
|---|------|-------|--------|---------|-----------------|----------------|
| <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | | |

) Y R A S S E C E N F I T

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

| Last | First | Middle | Mailing Address | City, State, Zip | Telephone# |
|------|-------|--------|-----------------|------------------|------------|
| | | | | | |
| | | | | | |

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

☐ CORPORATION **Complete questions 1, 2, 3, 5, 6, 7, and 8.**☒ L.L.C. **Complete 1, 2, 4, 5, 6, 7, and 8.**1. Name of Corporation/L.L.C.: Twisted Root #1, LLC

(Exactly as it appears on Articles of Incorporation or Articles of Organization)

2. Date Incorporated/Organized: November 6, 2013 State where Incorporated/Organized: Arizona

3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____

4. AZ L.L.C. File No: L18831011 Date authorized to do business in AZ: November 6, 20135. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO

6. List all directors, officers and members in Corporation/L.L.C.:

| Last | First | Middle | Title | Mailing Address | City | State | Zip |
|----------|-------------|---------|--------------------------|--------------------------------|-------------|-------|-------|
| Collins, | Christopher | Patrick | managing member Owner | 8390 E Via De Ventura F110-208 | Scottsdale, | AZ | 85258 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

| Last | First | Middle | % Owned | Mailing Address | City | State | Zip |
|----------|-------------|---------|---------|--------------------------------|-------------|-------|-------|
| Collins, | Christopher | Patrick | 100% | 8390 E Via De Ventura F110-208 | Scottsdale, | AZ | 85258 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)2. Is club non-profit? ☐ YES ☐ NO

3. List officer and directors:

| Last | First | Middle | Title | Mailing Address | City | State | Zip |
|------|-------|--------|-------|-----------------|------|-------|-----|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____
2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)
3. Current Business Name: _____
(Exactly as it appears on license)
4. Physical Street Location of Business: Street _____
City, State, Zip _____
5. License Type: _____ License Number: _____
6. If more than one license to be transfered: License Type: _____ License Number: _____
7. Current Mailing Address: Street _____
(Other than business) City, State, Zip _____
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, _____, hereby authorize the department to process this application to transfer the
(print full name)
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.
I, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name _____
(Exactly as it appears on license) Address _____
2. New Business: Name _____
(Physical Street Location) Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02) c) Government license (§ 4-205.03)
b) Hotel/motel license (§ 4-205.01) d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: _____ ft. Name of school _____
Address _____ City, State, Zip _____
2. Distance to nearest church: _____ ft. Name of church _____
Address _____ City, State, Zip _____
3. I am the: ☒ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name P7 Village at Hayden, LLC
Address 8390 E. Via de Ventura, #109 Scottsdale, AZ 85255
City, State, Zip _____
- 4a. Monthly rental/lease rate \$ 11,000 What is the remaining length of the lease 10 yrs. 0 mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ _____ or other first 5 years guaranteed
(give details - attach additional sheet if necessary)
5. What is the total business indebtedness for this license/location excluding the lease? \$ 0
Please list lenders you owe money to.

| Last | First | Middle | Amount Owed | Mailing Address | City | State | Zip |
|------|-------|--------|-------------|-----------------|------|-------|-----|
| None | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Full Service Restaurant

SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year? ^{114 NOW C. Lic. Lic. #1804}

☐ YES ☐ NO If yes, attach explanation.

8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☐ NO

9. Is the premises currently licensed with a liquor license? ☐ YES ☐ NO If yes, give license number and licensee's name:

License # _____ (exactly as it appears on license) Name _____

AMENDMENT

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☒ NO
If yes, give the name of licensee, Agent or a company name:

_____ and license #: _____
Last First Middle

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.

3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.

4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☒ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

CPCMO
applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers; these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

CPC
applicant's initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:

☐ Entrances/Exits ☐ Liquor storage areas ☐ Patio: ☐ Contiguous
☐ Service windows ☐ Drive-in windows ☐ Non Contiguous

2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☐ NO
If yes, what is your estimated opening date? _____

month/day/year

3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.

4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).

5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

applicant's initials

SECTION 13 - continued

14 NOV 3 11:40 AM 1140

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
☐ YES ☒ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☒ NO If yes, give license number and licensee's name:
License # _____ (exactly as it appears on license) Name _____

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☒ YES ☐ NO
If yes, give the name of licensee, Agent or a company name:
Scottsdale Station Restaurant Gabrick, Robert Andrew and license #: 12079670
Last First Middle
2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☒ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

CRC
applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

CRC
applicants initials

SECTION 15 Diagram of Premises (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:
☒ Entrances/Exits ☒ Liquor storage areas Patio: ☒ Contiguous
☐ Service windows ☐ Drive-in windows ☐ Non Contiguous
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☒ YES ☐ NO
If yes, what is your estimated opening date? 12/10/2014
month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

CRC
applicants initials

14 OCT 6 11:47 AM 1140

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

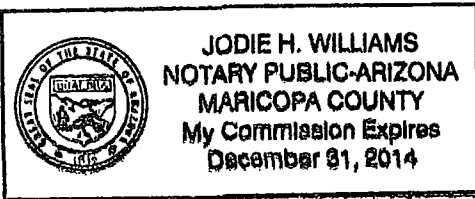
Diagram Attached

14 OCT 6 04 PM 12:01
14 NOV 3 04 PM 01:11

SECTION 16 Signature Block

I, Christopher Patrick Collins, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

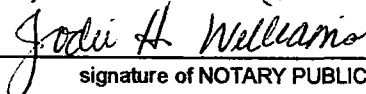
X 
(signature of applicant listed in Section 4, Question 1)



My commission expires on : 29/12/2014
Day Month Year

State of Arizona County of Maricopa

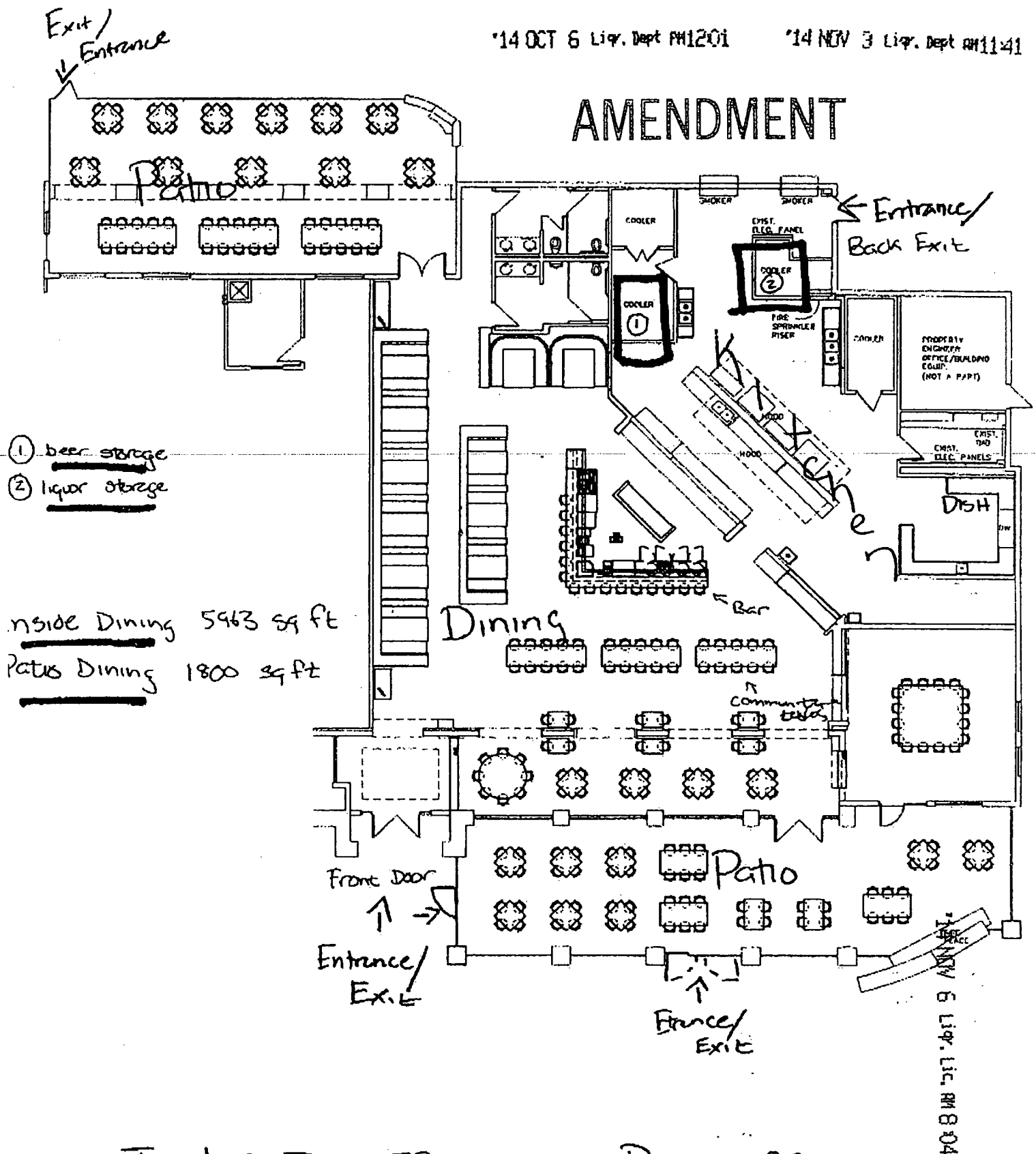
The foregoing instrument was acknowledged before me this
29 of September, 2014
Day Month Year


signature of NOTARY PUBLIC

'14 OCT 6 Lic. Dept PH1201

'14 NOV 3 Lic. Dept PH1141

AMENDMENT



Twisted Root

8120 North Hayden Road
Scottsdale, AZfloor plan
1/8" = 1'-0"

a1



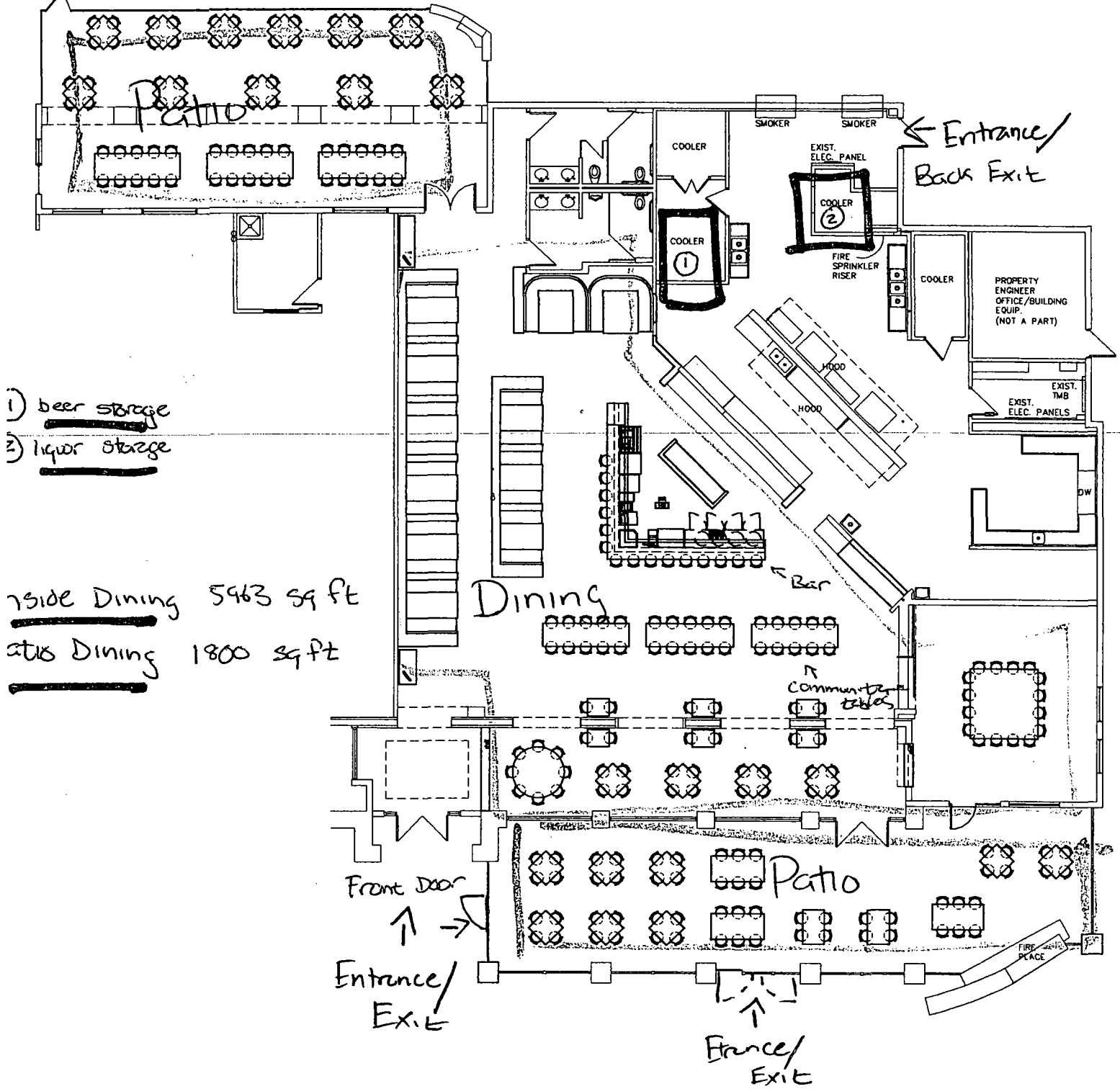
september, 2014



Exit / Entrance

'14 OCT 6 Ltr. Dept PH1201

'14 NOV 3 Ltr. Dept PH1141



Total Sq Ft - 5963

Patio - 1800

Twisted Root

8120 North Hayden Road
Scottsdale, AZ

floor plan
1/16" = 1'-0"

a1



september, 2014



14 NOV 3 Lgr. Dept AM11:40

Lunch & Dinner
Menu

second act

Twisted RooT

a parlor bar

14 OCT 6 Lgr. Dept PM12:01

small plates

castelvetro olives - sea salt . evoo (complimentary to nice guests)

n.w. oysters - shucked to order . northwest varietal . horseradish cocktail sauce . presecco mignonette .
meyer lemon preserve \$12

deviled eggs - locally & responsible . pancetta . crispy quinoa . chives \$8

crab & avocado cocktail - red jalapeno . scallions . old bay . garlic aioli . meyer lemon preserves . saltines \$14

pepper-glazed goat cheese - gratin style . apricot preserve . peppadew peppers . buttermilk crackers \$9

twisted oysters - broiled . creamed spinach . serrano ham relish . bernaise \$13

bruschetta board - pick any three . brie/pear/apricot preserves . ricotta/proscuitto/cherry jam . cream \$8
cheese/smoked salmon/pesto . burrata/candied pancetta/arugula . goat cheese/meyer lemon
preserve/basil . rare tenderloin/bleu crumbles/arugula

ocean mist artichokes - grilled . sea salt . citrus aioli \$9

arancini - fried risotto . spinach . mushrooms . goat cheese . butter redux \$8

artisanal sandwich

serrano ham & ricotta - grilled . pickled shallots . pinenut pesto . toasted roll \$10

duck breast club - seared & sliced thin . applewood bacon . vine-ripen tomato . bibb leaf . garlic aioli . \$12
sourdough

braised short rib - moroccan harissa . romaine . wood roasted onion . meyer lemon aioli \$11

roasted eggplant - pickled beets . sicilian olives . herb leaves . capers . smoked paprika . feta mayo. \$10
focaccia

crispy chicken breast - purple cabbage slaw . quick pickles . angry sauce . brioche bun \$11

crab cake sliders - jumbo lump . garlic aioli . vine-ripen tomato . applewood bacon . bibb lettuce \$14

seven from the fields

grassroots caesar - hearts of romaine . croutons . shaved pecorino . cracked black pepper . add anything \$9

14 NOV 3 Lyr. Dept AM1140

twisted insalata - mixed greens . salami . pepperoni . feta . olives . cherry tomatoes . crispy quinoa . \$10
cilantro-lime vinaigrette . picked red onion

the iceberg wedge - pancetta . rogoft . tangy bleu cheese dressing . cracked black pepper \$10

crab cake & greens - jumbo lump . old bay . panko crumbs . arugula . herb leaves . cherry tomato . \$14
pinenuts . green goddess dressing

sunny cobb salad - romaine . diced chicken breasts . charred corn . radish sprouts . bleu cheese . crispy \$12
pancetta . avocado . cherry tomato . toasted pecans . 7 minute egg . roasted sweet onion dressing

black berry & frisee - pear . red jalapeno . pickled red onions . goat cheese . meyer lemon preserve . \$11
champagne vinaigrette

roots vegetable revolution - red radish . lime radish . purple pearl onions . baby beets (lots of colors) . \$11
baby carrots . purple sweet potato . heirloom cauliflower . romanesco broccoli . escarole . pea shoots .
quinoa

stone oven pizza

sausage & onion - hand-made pork sausage . wood oven roasted onion . cherry wood smoked \$13
mozzarella

angry bird - roasted breast . charred corn . goat cheese . angry sauce . basil \$13

hawaiian - serrano ham . grilled pineapple . charred chives \$13

mushroom & borsini cheese - \$13

caprese tomato & 85259 burrata - \$13

home-made & hand-rolled

orecchiette carbonara - salt cured italian bacon . charred brussels sprouts . pecorino . eggy-cream sauce \$14

stozzapreti & house preserve - sauteed spinach . lemon zest . red pepper flakes . panko crumbs . grated \$14
reggiano parmesan

wild mushroom lasagna - chanterelle . oyster . portobello . cream sauce . taeggio cheese \$12

gnocchi & short ribs - choice cut . carrots . celery roots . red japaeno . parsnip . broth reduction . basil . \$16
zucca strips

roots vegetable ragu \$17

shrimp risotto - \$18

Real deal Bolognese- Sunday sauce \$12

entrée

14 OCT 6 Lyr. Dept PM1201

*14 NOV 3 Ltr. Dept AM1140

| | |
|--|------|
| battered halibut - thinner fries . malt vinegar aioli . house preserves | \$24 |
| pan roasted bronzini | \$20 |
| broiled cedar plank salmon - mustard-honey glaze . blistered tomatoes | \$22 |
| porceleta chop - milk brined . pan seared . molasses butter | \$22 |
| prime hanger * frites - bernaines | \$29 |
| airline chicken & prosciutto - skin-on breast . prosciutto . borsin cheese . basil | \$20 |

bambinos

final course (or first...your choice) \$7

home-made sweet ricotta - cherry jam . buttermilk crackers . sea salt . evoo
cornmeal crepes - figs . pears . pistachio . molasses butter
rhubarb & strawberry shortcake - vanilla whipped cream . heavenly biscuit . turbanado sugar
skillet monkey bread - berry dunk . great for sharing

side items \$4

thinner fries . sea salt . vinegar aioli
zucca chips
green & yello beans - capers . anchovies . lemon zest . pecorino
glazed baby carrots - molasses butter
charred brussels sprouts - caramelized onions . pecorino . meyer lemon preserve
deep fried beets - goat cheese . honey

features \$25

sashimi tuna - cilantro-lime vinaigrete . zest . twisted green onions . coconut cream basmati rice

beverages \$3

flavored italian sodas - served in small flip top bottles
seasonal lemonades - served in small flip top bottles

*14 OCT 6 Ltr. Dept PM1201

*14 NOV 3 Ligr. Dept AM11:40

arnold palmers - each order gets one bottle lemonade plus half glass of iced tea. free refills on the iced tea. pay for additional lemonades.

*14 OCT 6 Ligr. Dept PM12:01